

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN5403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/31/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

STARR REGIONAL HEALTH & REHABILITATION

886 HWY 411 NORTH
ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1410	<p>1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Evacuation procedures.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to exercise an earthquake drill annually.</p> <p>The deficiency affected 3 of 3 smoke compartments.</p> <p>The findings include:</p> <p>Interview and record review with the maintenance director, on 5/31/17 at 10:49 AM revealed the facility failed to exercise an earthquake drill annually. No documentation could be provided notating the last exercised earthquake drill.</p>	N1410	<p>1. What corrective action will be accomplished for those resident found to have been affected by the deficient practice? Director of Plant Operations scheduled a bomb threat and earthquake drill on 6/20/2017. Police Department and local EMA have been invited.</p> <p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by this deficient practice. Bomb threat and earthquake drills will be scheduled annually.</p> <p>3. What measures will be put in place or what systematic changes will you make to ensure that the same type of deficient practice does not recur? Preventative maintenance work order will be inputted to be generate a bomb threat and earthquake drill annually.</p> <p>4. How will the corrective actions(s) be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place? Results of the audit will be introduced into the monthly QAPI meeting and monitored for any changes and presented to the monthly Quality Assurance Performance Improvement (Administrator, Director of Nursing, and Medical Director) Committee x 3 months for further suggestions and/or follow up as needed.</p>	7-16-17

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6100

RKJ:21

ADMINISTRATOR

6-16-17

If continuation sheet 1 of 3

Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER STARR REGIONAL HEALTH & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 886 HWY 411 NORTH ETOWAH, TN 37331		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1410	Continued From page 1 The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 5/31/17.	N1410		
N1411	1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (iii) Bomb Threat Procedures Plan, to be exercised at any time during the year: (i) Staff duties by department and job assignment; and, (ii) Search team, searching the premises. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to exercise a bomb threat drill annually. The deficiency affected 3 of 3 smoke compartments.	N1411	<ol style="list-style-type: none"> 1. What corrective action will be accomplished for those resident found to have been affected by the deficient practice? Director of Plant Operations scheduled a bomb threat and earthquake drill on 6/20/2017. Police Department and local EMA have been invited. 2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by this deficient practice. Bomb threat and earthquake drills will be scheduled annually. 3. What measures will be put in place or what systematic changes will you make to ensure that the same type of deficient practice does not recur? Preventative maintenance work order will be inputted to be generate a bomb threat and earthquake drill annually. 4. How will the corrective actions(s) be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place? Results of the audit will be introduced into the monthly QAPI meeting and monitored for any changes and presented to the monthly Quality Assurance Performance Improvement (Administrator, Director of Nursing, and Medical Director) Committee x 3 months for further suggestions and/or follow up as needed. 	7-16-17

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N1411	Continued From page 2 The findings include: Record review and interview with the maintenance director, on 5/31/17 at 10:49 AM revealed the facility failed to exercise a bomb threat drill annually. No documentation could be provided notating the last exercised bomb threat drill. The maintenance director was present when the deficiency was identified and acknowledged by the administrator during the exit conference on 5/31/17.	N1411			